MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)	10/030999	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT									
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	INC	DEP.
1	/		/				51						
2		/	∿∿∿				52						
3							53						
4		3	∧∧∧				54						
5		3					55						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	/		3				TOTAL IND.						
TOTAL DEP.	19		17				TOTAL DEP.						
TOTAL CLAIMS	20		20				TOTAL CLAIMS						